

INS. CASE OWNER:

CC4/AIG20004426/Uba3

LKK:

IDAC:

ASSIGNMENT

Surveyor: MARCUSDOI: 24/03/2020Date / Time: 24/03/2020Registered in Merimen: 24/03/2020

Pre-assign / CCU / FTE

Insured Vehicle No. : ET 3633PClaim No. : 1179878316SGName of Insured : Daimler South East Asia Pte Ltd

Policy No. : _____

Insured Tel No. : _____ HP: _____

Make / Model : Mercedes-Benz AMG C63 SExcess Sec II : \$ _____ D.O.A : 20/03/2020Place of Accident : car park in Singapore Island Country ClubIs driver the owner? (YES / NO) Nature of Accident : _____If NO, Driver Name / Age : Hagenburger Philipp

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : 82020833(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SGD 2929D

INSRS:
WSP: ZOOM
Tel: AUTOWERKS
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time		STAGE	DATE / PIC
	SGD 2929D - NA/FCI14004036/d2	02/03/2014	
	NA/QBE20004400/z4	20/03/2020	
	ET3633P - NA/QBE20004400/z4	20/03/2020	
18/3/20	send letter 01 - inform TP claim & NED.	Non-Reporting ltr (1st):	
	issue.	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	15/6/20 Jasper.
21/1/2020	file -> report.	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	☐
		After call ltr to OI:	☒
		Authorisation To Act:	☒
		Release Voucher:	☒
		Final Repair Bill:	☒
		Car Rental Invoice:	☒
		Towing Invoice	☐
		LTA / GIA:	☒
		Medical Bill:	☐
		PIR:	☐
		Mandate/Reject Instruction:	☒
		LOD	☒
		Payment Breakdown Form:	☐
		Post-Repair Photos:	☐
		Others:	☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: 45 S\$ 1,350.00 (3 days) Reduction: 76.19 %Email ☐ Call ☐FINAL SETTLEMENT Date/Time: 04/08/2020 Confirm with ELIN CAEEmail ☒ Call ☐Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 23

If NO or B 28, Ass. Lia :

Repair Cost: S\$ 1,350.00Loss of Rental (LOR): S\$ 600.00 (5 days) x \$ 120.00no int parked TP.Loss of Use (LOU): S\$ - (\$ x days)Loss of Income (LOI): S\$ - (\$ x days)LOR only ☒ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]GIA/LTA Search S\$ 36.45Medical: S\$ -Disbursement: S\$ - (e.g. Tow/Independent)Legal Cost S\$ -1) Claim status: Normal Reject/Private Settle2) Report Format: TP3) Survey fee: \$ 320.00Total: S\$ 1,986.45 Global Sum S\$: 1,900.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐Payee 1: S\$ 1,900.00Name 1: ZOOM AUTOWERKS PTE LTDPayee 2: (Strike if N.A.) S\$ -Name 2: -Payee 3: (Strike if N.A.) S\$ -Name 3: -